



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>
31 <input type="checkbox"/>	32 <input type="checkbox"/>	33 <input type="checkbox"/>	34 <input type="checkbox"/>	35 <input type="checkbox"/>	36 <input type="checkbox"/>
37 <input type="checkbox"/>	38 <input type="checkbox"/>	39 <input type="checkbox"/>	40 <input type="checkbox"/>	41 <input type="checkbox"/>	42 <input type="checkbox"/>
43 <input type="checkbox"/>	44 <input type="checkbox"/>	45 <input type="checkbox"/>	46 <input type="checkbox"/>	47 <input type="checkbox"/>	48 <input type="checkbox"/>
49 <input type="checkbox"/>	50 <input type="checkbox"/>	51 <input type="checkbox"/>	52 <input type="checkbox"/>	53 <input type="checkbox"/>	54 <input type="checkbox"/>
55 <input type="checkbox"/>	56 <input type="checkbox"/>	57 <input type="checkbox"/>	58 <input type="checkbox"/>	59 <input type="checkbox"/>	60 <input type="checkbox"/>
61 <input type="checkbox"/>	62 <input type="checkbox"/>	63 <input type="checkbox"/>	64 <input type="checkbox"/>	65 <input type="checkbox"/>	66 <input type="checkbox"/>
67 <input type="checkbox"/>	68 <input type="checkbox"/>	69 <input type="checkbox"/>	70 <input type="checkbox"/>	71 <input type="checkbox"/>	72 <input type="checkbox"/>
73 <input type="checkbox"/>	74 <input type="checkbox"/>	75 <input type="checkbox"/>	76 <input type="checkbox"/>	77 <input type="checkbox"/>	78 <input type="checkbox"/>
79 <input type="checkbox"/>	80 <input type="checkbox"/>	81 <input type="checkbox"/>	82 <input type="checkbox"/>	83 <input type="checkbox"/>	84 <input type="checkbox"/>
85 <input type="checkbox"/>	86 <input type="checkbox"/>	87 <input type="checkbox"/>	88 <input type="checkbox"/>	89 <input type="checkbox"/>	90 <input type="checkbox"/>
91 <input type="checkbox"/>	92 <input type="checkbox"/>	93 <input type="checkbox"/>	94 <input type="checkbox"/>	95 <input type="checkbox"/>	96 <input type="checkbox"/>
97 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	100 <input type="checkbox"/>	101 <input type="checkbox"/>	102 <input type="checkbox"/>

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) AGG U.S.A. Coy Stone Plant (Limestone) Jefferson County TN0071030	Entry Time/Date 11:25 6-14-2013	Permit Effective Date 5-27-2013
	Exit Time/Date 12:35 6-14-2013	Permit Expiration Date 5-27-2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Steve Cooke, Superintendent 865-475-8943	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Site active, no discharge at DMP001. Processing limestone from the zinc mines only, no limestone quarry at this location.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Travis Paris, Environmental Manager PO Box 2589 Knoxville, TN 37901 865-573-4501	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks	DWR-SM	6-14-2013
Bruce Ragon	DWR-SM	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date